**Church Name**

**Affidavit**

**State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personally appeared**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who being sworn, depose, and say that they attested the said Will and they subscribe the same at the request and in the presence of the said Testator and in the presence of each other, and the said Testator and signed said Will in their presence and acknowledge that he/she had signed said Will and declared the same to be his/her LAST WILL AND TESTAMENT, and deponents further state that at the time of the execution of said will the said Testator appeared to be of lawful age and sound mind and memory and there was no evidence of undue influence. The deponents make this affidavit at the request of the Testator,

(1).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_ (year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

(Notary Seal)

Preparing for Death

2005

Church Address

And phone number

**Fourth:** If my wife/husband does not survive me, I hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

as guardian of such of my children as shall then to be minors.

**Fifth**: I hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As Executor/Executrix of this my LAST WILL AND TESTAMENT and I direct that such person shall serve without bond.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_

Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ (year)

Sign here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ L.S.

Signed, sealed, published and declared to be her/his presence at his/her request, and in the presences of each other, have hereunto subscribed our names as witnesses:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sate: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

# Liturgy Planning

## Introduction

The forms in this booklet will assist you in recording your wishes regarding your funeral and disposition of your body after death. Once you have completed and filed them in the church office, notify your designated representative that upon your death (s)he should call the church to consult your funeral file regarding your wishes. The pastor will assist your representative in contacting the undertaker of your choice and making arrangements for your body to be transported to the funeral home, church, and place of burial, and prepared appropriately.

## Funeral Preparation

Funeral preparation is an opportunity for you to make your wishes regarding your funeral to be documented before the need arises. It is the intent of this booklet to facilitate a discussion with family members, loved ones, designated or surrogate care givers and pastors to organize and plan the religious services to honor and celebrate your life. Please use this booklet to discuss the order of services with your pastor.

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**Last Will and Testament**

**KNOW ALL BY THESE PRESENTS:** that I

Of the city/town of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Being of sound and disposing mind and memory do make, publish and declare the following to be my LAST WILL AND TESTAMENT, hereby revoking all wills by me at any time heretofore made:

**FIRST**: I direct my Executor/Executrix, hereinafter named, to pay all my funeral expenses, administration expenses of my estate, including inheritance and succession taxes, state or federal, which may be occasioned by the passage of or succession to any interest in my estate under the terms of this instrument, and all my debts, excepting mortgage roles secured by mortgage upon real estate.

**Second**: In thanksgiving for this community, I bequeath (church)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State) \_\_\_\_\_\_\_\_\_ (zip) \_\_\_\_\_\_

**Third**: All the rest, residue and reminder of my estate, both real and personal, or whatsoever situated, shall be divided into \_\_\_\_\_\_\_\_\_\_\_\_ equal parts, and I give, devise and bequeath one such part to each of the following \_\_\_\_\_\_\_\_\_ persons, to be his/her absolutely and forever:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The share of any person above named who shall not survive me shall revert to such person’s issue in equal shares; if such person has died leaving no issue, the part designated above as being for each person shall be divided among the other beneficiaries named above, in equal shares.

It is my desire that the following directions be followed in planning my funeral. I want a pastor from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church, if possible, to make arrangements with my representative.

(Church) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan: Yes\_\_\_\_\_ No \_\_\_\_\_

Other Undertaker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vigil site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Open Casket For Vigil: Yes \_\_\_\_\_ No \_\_\_\_\_

Refreshments at Vigil: Yes \_\_\_\_\_ No \_\_\_\_\_

Music: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Music for Committal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suggested Readings (Circle one in each category)

|  |  |  |  |
| --- | --- | --- | --- |
| Psalm | Old Testament | New Testament | Gospel |
| 23 | Isa 25: 6-9 | Rom 8: 14-19 | John 5: 24-27 |
| 27 | Isa 61: 1-3 | Rom 8: 34-35 | John 6: 37-40 |
| 42: 1-7 | Lam 3: 22-26 | Rom 8: 37-39 | John 10: 11-16 |
| 90: 1-12 | Lam 3: 31-33 | 1 Cor 15: 2-26 | John 11: 21-27 |
| 106 | Wis 3: 1-5, 9 | 1 Cor 15: 35-38 | John 14: 1-6 |
| 121 | Job 19: 21-27 | 1 Cor 15: 42-44 |  |
| 130 |  | 1 Cor 15: 53-58 |  |
| 139: 1-11 |  | 1 John 3: 1-2 |  |
|  |  | Rev 7: 9-17 |  |
|  |  | Rev 21: 2-7 |  |

# Funeral Letter

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### Health Care Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### My Last Will and Testament is:

At the back of this booklet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### My Living Will or “*5 Wishes”* is filed at

(Church)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Life Ins. Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deeds Located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Important Papers are located at: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Representatives Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Other Appropriate Readings:

### Readers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Pall Bearers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Flowers: Yes \_\_\_\_\_ No \_\_\_\_\_

In place of flowers donate to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Burial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Grave Site**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cremation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Place for ashes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Donation of Body: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**Donation of Organs: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

Problem Solver

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